FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
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SEC	USE ON	VLY
Prefix	 	Serial
DA	TE RECEIVE	ED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private Placement of up to 1,400,000 shares of Common Stock and up to \$500,000 aggregations.	te principal amount of promissory notes.
Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	MECEINED (M)
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	JAN 2 3 2004
Gripping Eyewear Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number Uncluding Area Code)
10234 Emerald Drive, Houston, TX 77074 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	(281) 495-453 Telephone Number (Including Area Code)
same as above	same as above
Brief Description of Business	
Eyewear manufacturer	PROCESSED
Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed	lease specify): JAN 27 2004
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	· · · · · · · · · · · · · · · · · · ·
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unleasing of a federal notice.	emption. Conversely, failure to file the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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·	·	A. BASIC ID	ENTIFICATI	ÔN DATA	**************************************		
Each beneficial ownEach executive offi	he issuer, if the is ner having the pow icer and director o	suer has been organized v	irect the vote or	disposition o			of equity securities of the issueship issuers; and
Check Box(cs) that Apply:	Promoter	Beneficial Owner	X Execut	ive Officer	□ Director		General and/or Managing Partner
Dietz, Dan L. Full Name (Last name first. it	f individual)		<u> </u>	····			
10234 Emerald Driv Business or Residence Addres			ode)				
Check Box(es) that Apply: Dietz, Carolyn G.	Promoter	Beneficial Owner	X Execut	ive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if	f individual)						
10234 Emerald Driv Business or Residence Addres			ode)				
Check Box(es) that Apply: Jongebloed, Jr., Jai	Promoter	Beneficial Owner	X Execut	ive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if			<u>.</u>				
3726 Underwood S Business or Residence Addres	t., Houston, T	X 77025 Street, City, State, Zip C	ode)				
Check Box(es) that Apply: Jongebloed, James	Promoter T.	Beneficial Owner	Execut	ive Officer	X Director		General and/or Managing Partner
full Name (Last name first, if							
3 Tiny Trail, Housto Business or Residence Addres		Street, City, State, Zip C	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Execut	ve Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if	`individual)					_	
Business or Residence Addres	ss (Number and	Street, City, State, Zip C	ode)	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Execut	ve Officer	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Execut	ve Officer	Director		General and/or Managing Partner
Full Name (Last name first, if	`individual)						
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)				

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer solo	l, or does th			ll, to non-a Appendix				_		Yes 🛚	No
2.	What is	the minim	um investn					-				\$ <u>N/A</u>	
3.	Does the offering permit joint ownership of a single unit?									Yes ⊠	No		
4.										М			
	commis If a pers or state:	sion or sim son to be lis s, list the na	ilar remune ted is an ass	ration for s lociated pe roker or de	solicitation erson or age caler. If mo	of purchase int of a brok ire than five	ers in conne cer or deale e (5) persor	ection with r registered ns to be list	sales of sec i with the S ed are asso	curities in t SEC and/or			
Ful	l Name (Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	(ip Code)						
Nai	ne of As	sociated Br	oker or Dea	aler						 : -			
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	••••••••	***************************************	•••••	***************************************	•••••		☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful	1 Name (.	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, A	Zip Code)						
Nai	ne of As	sociated Br	oker or Dea	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	••••	***************************************	······································		***************************************		☐ All	States
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful	l Name (Last name	first, if indi	vidual)							ana Mann		
Divis		Donidonas	A d d (2	T	d Character C	ia. Casa 1	7:- Cada						
Bus	iness or	Residence	Address (N	number an	a Street, C	ity, State, A	zip Code)						
Nai	ne of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		***************************************					☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	MT	NE NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	$\overline{V}\Gamma$	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	, ,	Aggregate Offering Price	Amount Aiready Sold
	Debt	500,000	\$300,000_
	Equity	1,400	\$ 600
	∑ Common ☐ Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount of Purchases
		Investors	
	Accredited Investors		\$ 300,600
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees	🔯	\$15,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue sky filing fees	🔯	\$1,000
	Total		\$16,000

	C. OFFERING PRICE, NUM	BER OF INVE	STORS, EXPE	NSES AND USE OF PI	ROCEEDS		
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a.	This difference	is the "adjusted gross		\$	284,600
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is rithe payments	ot known, fun listed must equ	nish an estimate and			
					Payments to Officers, Directors, & Affiliates		ayments to Others
	Salaries and fees] \$	_ s_	
	Purchase of real estate] \$	_ 🗆 \$_	
	Purchase, rental or leasing and installation of macl] \$	s_	
	Construction or leasing of plant buildings and faci					_	
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asse issuer pursuant to a merger)	ue of securitie	s involved in t s of another	his			
	Repayment of indebtedness		.,,,,,,,,]\$	\$_	
	Working capital] \$	 	284,600
	Other (specify):] \$	\$_	
	•] \$	_ s_	
	Column Totals	•••••] \$. 🗆 \$_	
	Total Payments Listed (column totals added)				☒ \$	284,6	00
		D. FEDER	AL SIGNATU	JRE .			-
sigi	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnished by the issuer to any non-accr	nish to the U.S	S. Securities an	d Exchange Commiss	ion, <mark>up</mark> on writte		
SSI	ier (Print or Type)	Signature		^ D	ate		
C	Bripping Eyewear Inc.	\mathcal{D}_{0}	9	2.x	January 21, 2	2004	
	ne of Signer (Print or Type)	Title of Sign	er (Print or Ty	<u> </u>	<u> </u>		
[Dan L. Dietz	Chairma	n and Chief I	Executive Officer			

ATTENTION ----

		E. STATE SIGNATU	JRE					
1.	Is any party described in 17 CFR 230.2 provisions of such rule?		*	Yes No				
		See Appendix, Column 5, for s	tate response.					
2.	The undersigned issuer hereby undertake D (17 CFR 239.500) at such times as re	•	ator of any state in which this noti	ice is filed a notice on Form				
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees.							
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of of this exemption has the burden of establishing the state of the limited of	the state in which this notice is fi	led and understands that the issu-					
	uer has read this notification and knows the thorized person.	contents to be true and has duly ca	nused this notice to be signed on it	s behalf by the undersigned				
Issuer (Print or Type)	Signature	Date					
_Gripp	ping Eyewear Inc.	Dan 2	Januar	ry 21, 2004				
	Print or Type)	Title (Print or Type)	0					

Chairman and Chief Executive Officer

Instruction:

Dan L. Dietz

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PPENDIX	1.			34 1
1	Intend to non-a investor	2 I to sell accredited as in State I-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	3	amount pu	4 f investor and archased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited				No
AL									
AK									
AZ									
AR									
CA									
СО	X		Common Stock - \$30						X
СТ									
DE									
DC									
FL							No. of the last of		
GA									
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD	Х		Common Stock - \$10						Х
MA									
MI									
MN									
MS									

				APP	ENDIX				1
1	Intend to non-a investor	I to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors Amount Number of Non-Accredited Amount				Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН							<u>, , , , , , , , , , , , , , , , , , , </u>		
ОК									
OR									
PA									
RI									
sc									
SD	<u>-</u>								
TN									
TX	X		Promissory Notes - \$500,000; Common Stock - \$1,400	14	\$300,600				X
UT									
VT									
VA	X		Common Stock - \$10						Х
WA									
wv									
WI									

				APP	ENDIX				· •		
1		2	3 Type of security			4		5 Disqualificat under State U (if yes, attac			
	Intend to sell to non-accredited investors in State (Part B-Item 1)		and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Type of investor and explanamount purchased in State waiver		, attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											